

1 *See attachment A.*

2
3 **CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION**

4 **Executive Committee**

5 Ms. Burger provided a few reminders to Board members regarding upcoming meetings. She also provided a
6 brief overview of an open letter in favor of the cigarette tax supported by herself, Chairs from the Oklahoma
7 City-County and Tulsa City-County Boards of Health as well as the State and local Chambers.

8
9 Ms. Burger moved board approve recommendations by Executive Committee to unify Board Policy CP54
10 and OSDH Administrative Policy OAS 1-30. This will be a joint policy signed by both the Board of Health
11 President and Commissioner of Health. Second Ms. Wolfe. Motion Carried.

12
13 **AYE:** Alexopoulos, Burger, Gerard, Krishna, Stewart, Wolfe, Woodson

14 **ABSENT:** Grim, Starkey

15
16 **Finance Committee**

17 Ms. Wolfe directed attention to the Financial Brief provided to each Board member and presented the
18 following SFY 2017 Finance Report and Board Brief as of April 21, 2017:

- 19 • The Agency is in "Green Light" status overall
20 ○ February's performance rating was 99.59. April's performance rating is 99.77%. A net increase
21 in performance of .81%.

22
23 Ms. Wolfe introduced the Department's new Chief Financial Officer, Mike Romero. The brief focused
24 on the Office of the Tribal Liaison and other tribal initiatives.

25
26 **Accountability, Ethics, & Audit Committee**

27 The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Woodson indicated there were
28 no known significant audit issues to report. The report concluded.

29
30 **Public Health Policy Committee**

31 Dr. Stewart introduced Brian Downs as the new Director, for of the Office of State and Federal Policy.
32 Thanks to him for doing a great job. He updated the Board on the passage of HB 2372, cigarette tax, out of
33 committee with majority vote and the next stop is the House. He indicated that the Department is optimistic
34 about the Public Health Laboratory bill. Budget decisions had not yet been made. Finally, the policy
35 committee will begin review of existing Board policies for a recommendation to the Board in July for action.
36 The report concluded.

37
38 **PRESIDENT'S REPORT**

39 Ms. Burger thanked Dr. Woodson for his years of service and leadership to the Board. Regrettably, his last
40 day serving on the Board is May 31, 2017. Dr. Woodson is moving and expanding his practice to Oklahoma
41 City, which means we lose a great public health champion on the Board. Martha presented a plaque of
42 appreciation to Dr. Woodson, on behalf of the Board and Department, recognizing his service from 2010 -
43 2017 and his leadership as President 2014-2016. Dr. Woodson thanked the Board and Department and
44 indicated he has been honored to serve on the Board of Health.

COMMISSIONER'S REPORT

Dr. Cline echoed Ms. Burger's comments regarding Dr. Woodson. He has earned the respect of the Department and public health community. He thanked him for his efforts as President as well, given the commitment behind the scenes.

Dr. Cline reemphasized the great job Brian Downs has done and has been instrumental during this really challenging time. There are many changes happening at the state and federal level and we aren't quite certain of the implications yet. It is concerning as our budget is 60% federally funded

Dr. Cline highlighted recent conversations with military agencies to explore all options to create efficiencies through shared spaces. Shared options for the Lab have been ruled out; however, through these conversations we have learned of possible joint efficiencies around shared warehouse space.

On Monday, the 9th, the Health Department hosted 20 members of an international delegation from Eurasia. Of each of the states visited, the Oklahoma State Department of Health was the only health department visited. The meeting was two hours and allowed a really interesting perspective. Both Dr. Hank Hartsell and Julie Cox-Kain shared a few thoughts and takeaways from the meeting. The report concluded.

NO NEW BUSINESS**NO EXECUTIVE SESSION****ADJOURNMENT**

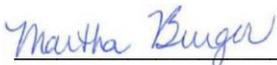
Dr. Krishna moved board approval to adjourn. Second Ms. Burger. Motion Carried

AYE: Alexopoulos, Burger, Gerard, Krishna, Stewart, Wolfe, Woodson

ABSENT: Grim, Starkey

The meeting adjourned at 12:08 p.m.

Approved



Martha Burger

President, Oklahoma State Board of Health

June 13, 2017

IDENTIFY AND REDUCE HEALTH DISPARITIES

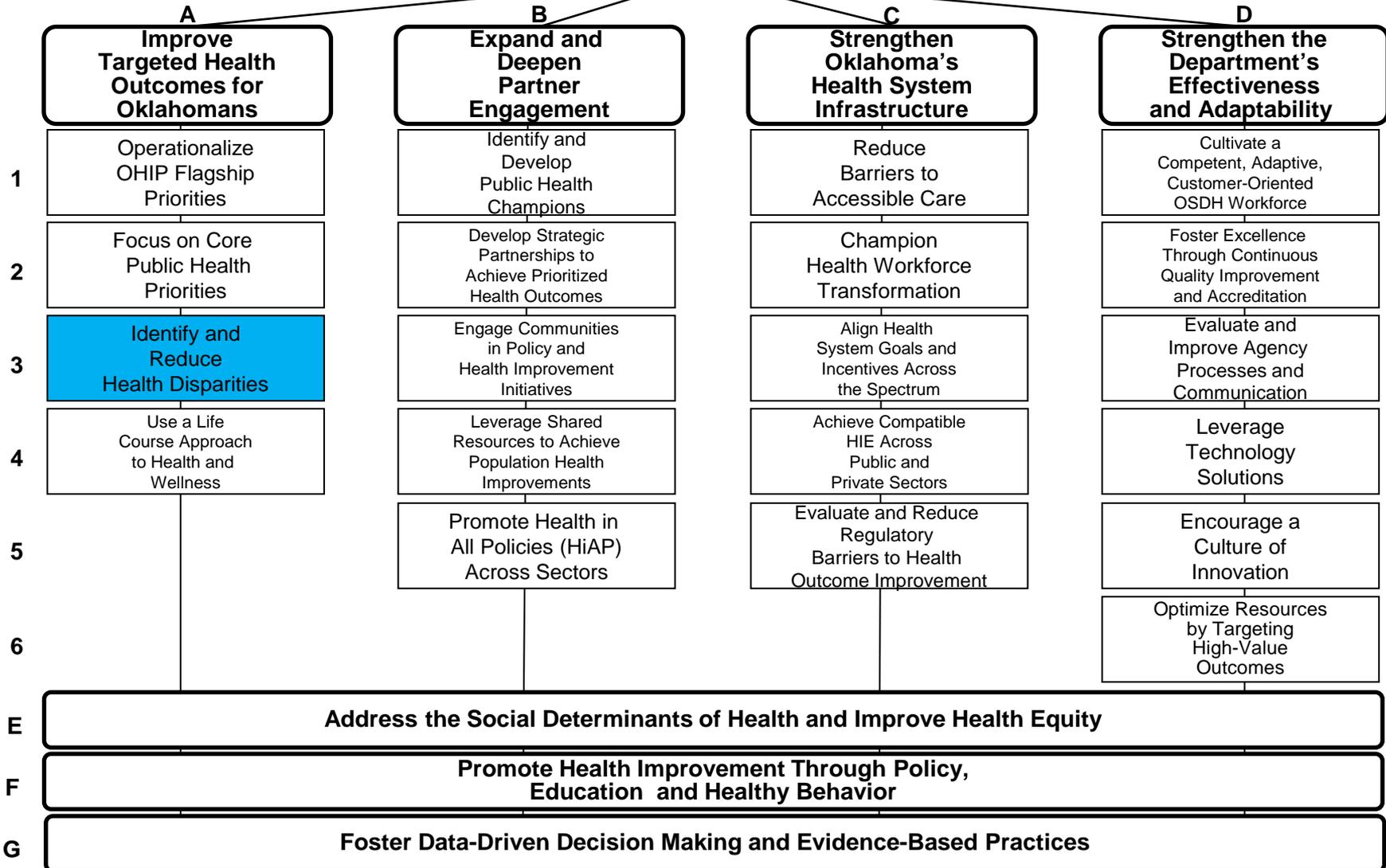
Julie Cox-Kain

Oklahoma State Board of Health Meeting

May 9, 2017

Oklahoma State Department of Health Strategic Map: 2015-2020

Approved
08/16/15



OSDH Disparities Efforts

- Integration of disparities and health equity across strategic processes and programs
 - Strategic plan review for inclusion
 - Inclusion in state/county health assessment processes
 - Intentional engagement of minority populations and tribal partners
- Program specific interventions/outreach
 - Baby showers
 - MPOWER grants for tobacco prevention
 - Honor What is Sacred Ad Campaign

Office of the Tribal Liaison

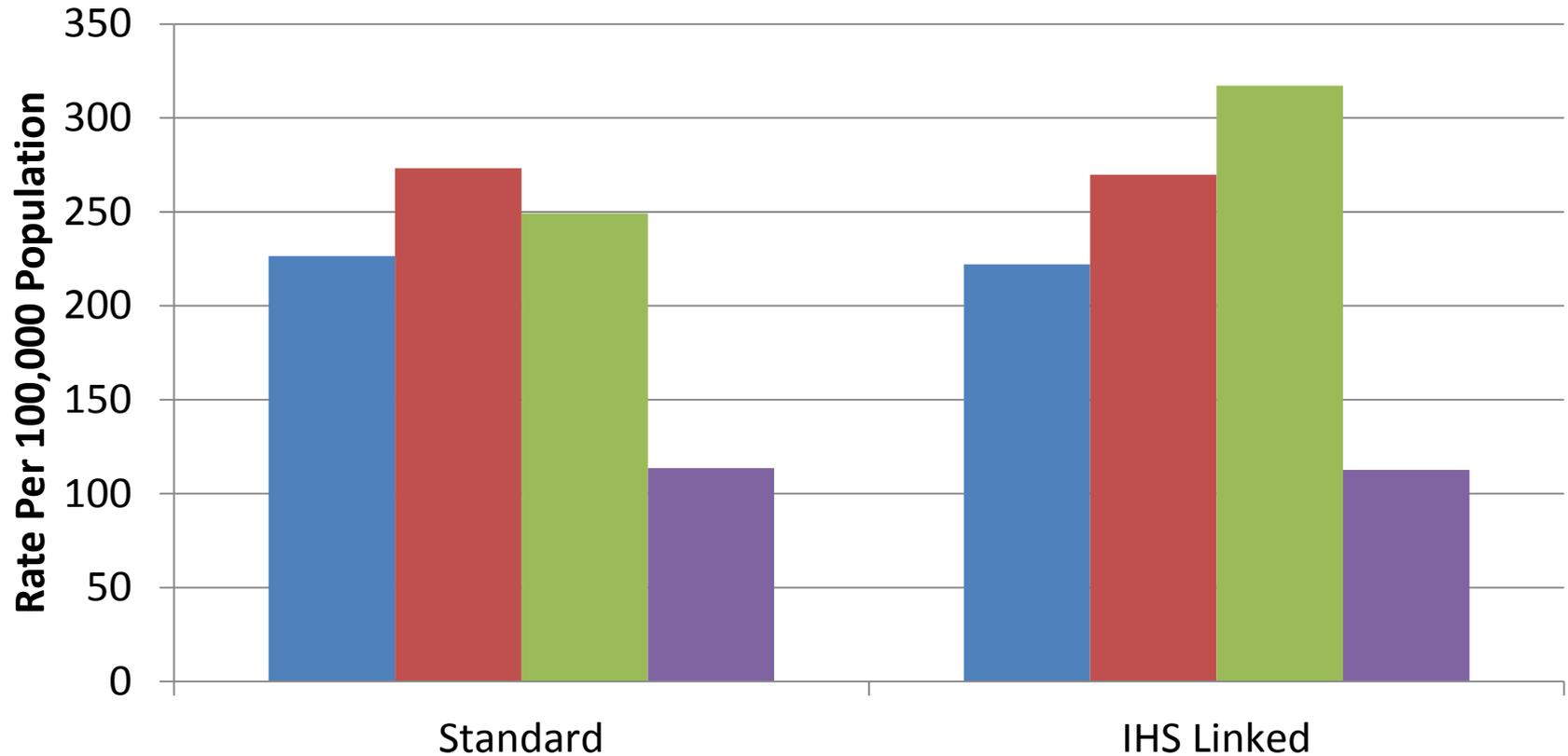
- Created in 2012 to implement OSDH policy 1-39, Tribal Consultation, and is also important due to the fact that:
 - Public Health efforts require a government-to-government collaborative process, and improvement in overall population health cannot fully occur without success in tribal health
 - 38 Federally Recognized Tribes are headquartered in Oklahoma, each with its own system of governance
 - A public health workforce that is competent in American Indian culture is crucial

Tribal Public Health Advisory Committee (TPHAC)

- Created as a result of tribal consultation during the development of the Oklahoma Health Improvement Plan 2020
- TPHAC determines the priorities for Tribal/OSDH collaboration
- American Indian Data Community of Practice (AID CoP) was established to collaboratively address data needs
 - Supported by federal block grant funding
 - Submission of grant application for additional data projects
 - 2016 data linkage to address racial misclassification (2004 – 2015)
 - Linked 17,739 additional records

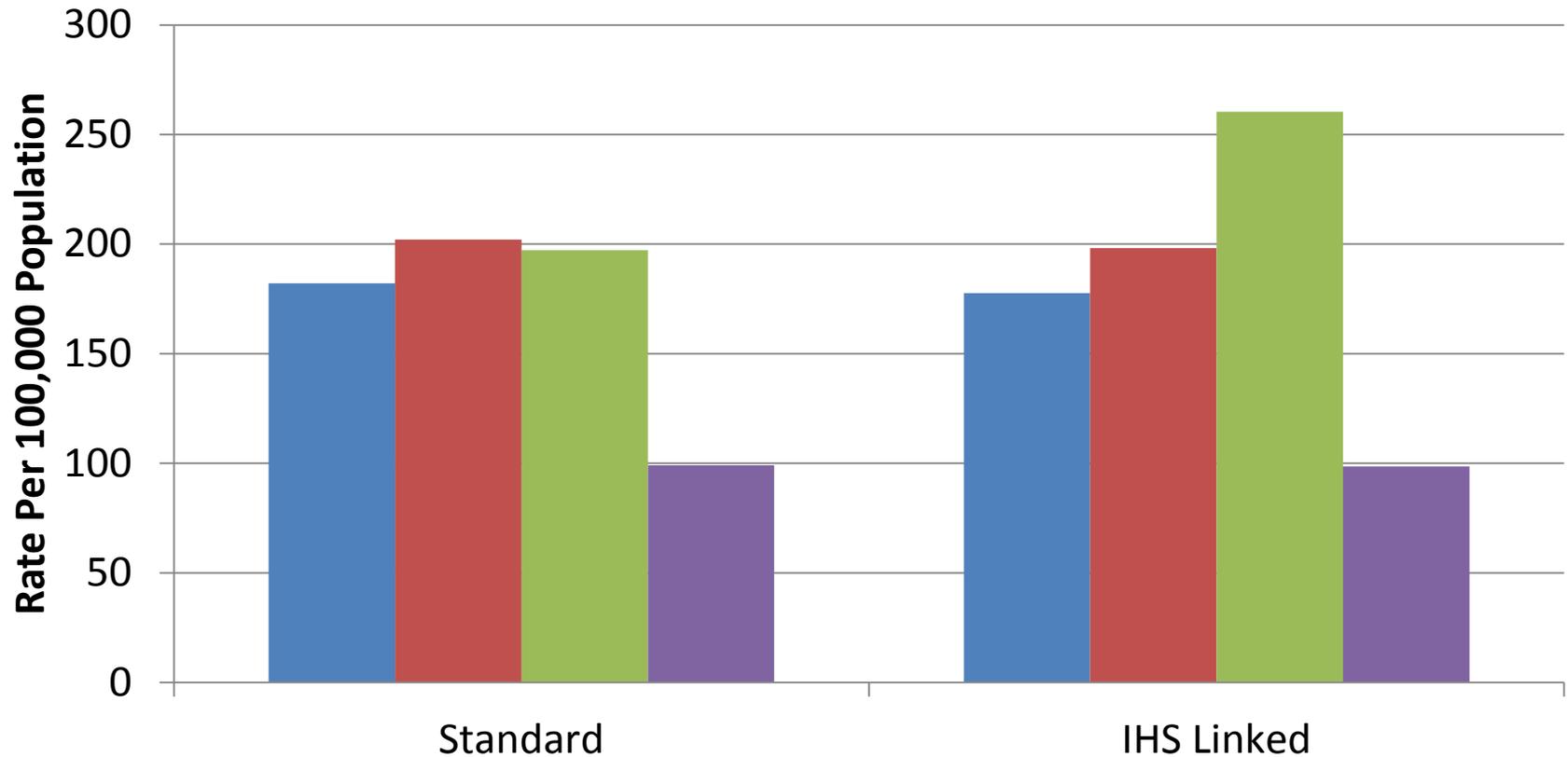
Age-Adjusted Mortality Rate, Diseases of the Heart, Oklahoma 2013-2015

White Black American Indian Asian/Pacific Islander



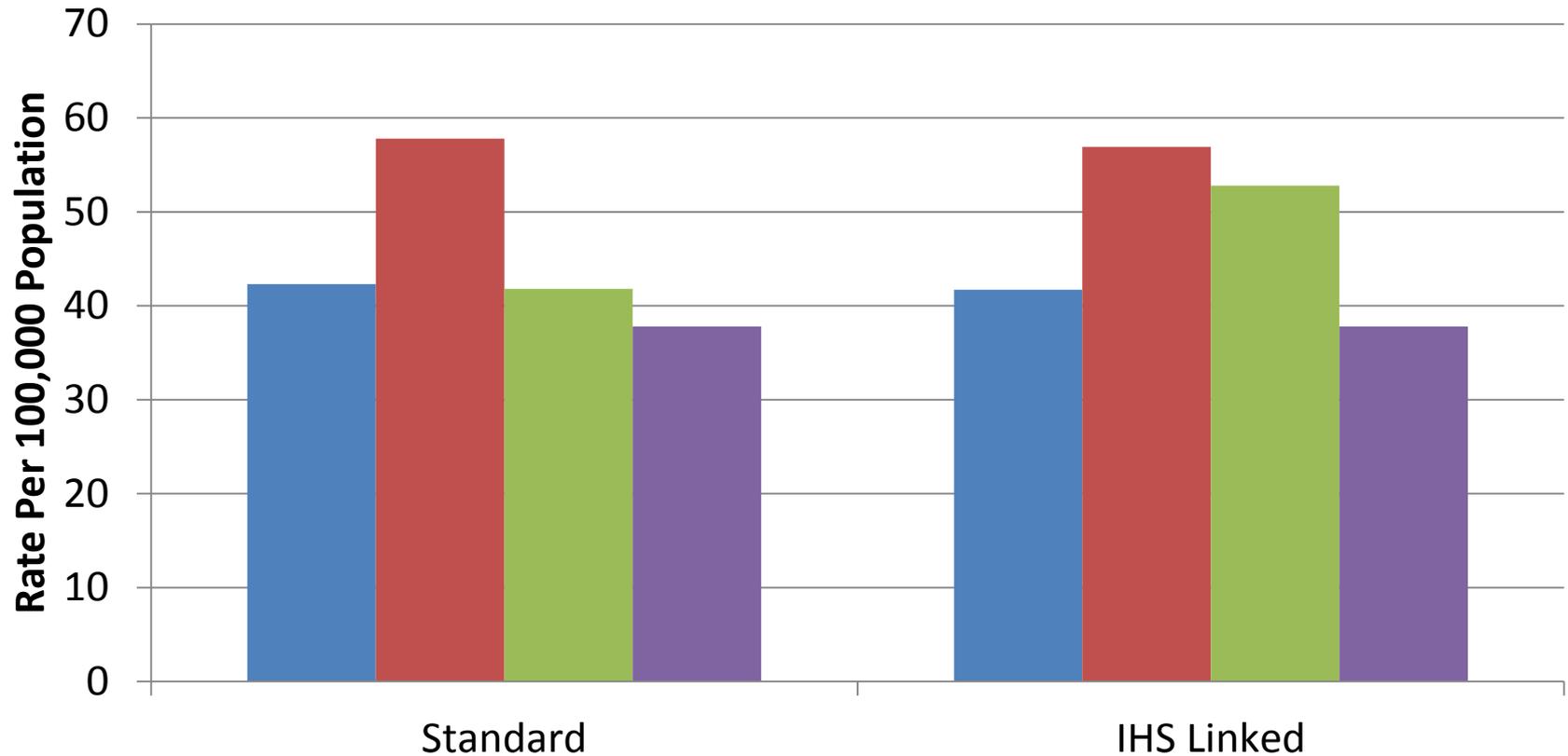
Age-Adjusted Mortality Rate, Malignant Neoplasms, Oklahoma 2013-2015

White Black American Indian Asian/Pacific Islander



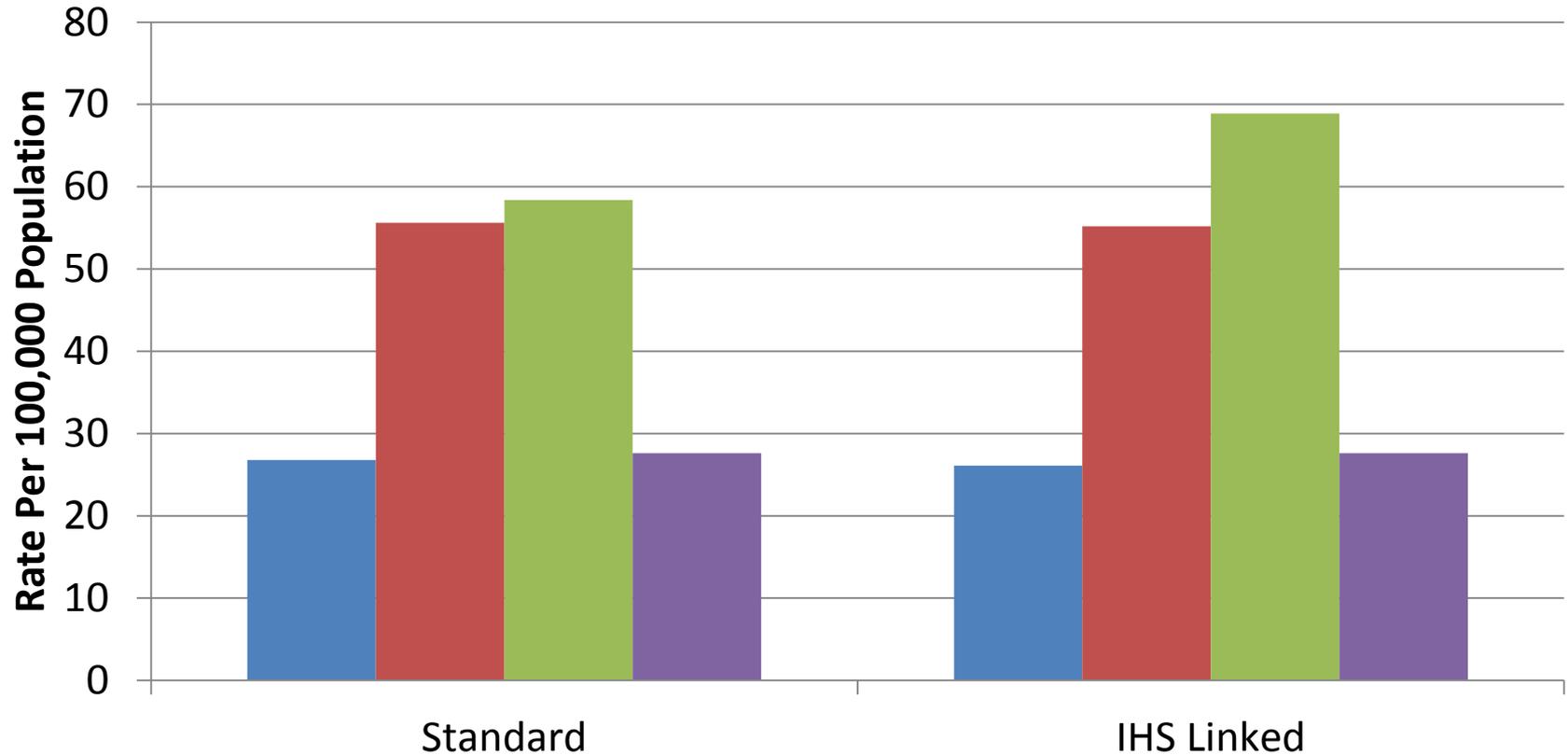
Age-Adjusted Mortality Rate, Cerebrovascular Diseases, Oklahoma 2013-2015

White Black American Indian Asian/Pacific Islander



Age-Adjusted Mortality Rate, Diabetes Mellitus, Oklahoma 2013-2015

White Black American Indian Asian/Pacific Islander





*the
Chickasaw
Nation*

Tribal Public Health Advisory Committee

A Collaborative Governance State and Tribal Partnership

Oklahoma State Board of Health Meeting - May 9, 2017

Melissa Gower, Senior Advisor, Policy Analyst
Chickasaw Nation Department of Health

Background

- American Indian people residing in the state of Oklahoma are citizens of the state, and as such, possess all the rights and privileges afforded by Oklahoma to its citizens. They are also the citizens of tribal nations. Oklahoma tribal nations have inalienable self-governance power over their citizens and territories and possess unique cultures, beliefs, value systems and histories as sovereign nations.
- The Oklahoma State Department of Health and the tribal nations have recognized the need to participate in decision-making processes in a government-to-government relationship, while leveraging resources to yield greater impact in creating a healthier and safer community for American Indian people.



Background

- During the update of the Oklahoma Health Improvement Plan (OHIP), the Oklahoma State Department of Health (OSDH) held formal tribal consultation meetings in Tahlequah and Little Axe. These meetings provided valuable information for the OHIP update and also highlighted the need for continued work together around the *implementation* of the issues identified.
- As a result of this tribal consultation, the OSDH established a Tribal Public Health Advisory Committee (TPHAC) comprised of various tribal representatives from across the state.



Purpose

- The TPHAC's primary purpose is to seek consensus, exchange views, share information, provide advice and/or recommendations, or facilitate any other collaboration interaction related to intergovernmental responsibilities or administration of public health programs. - *OHIP Charter*
- This purpose is accomplished through forums, meetings and conversations between tribal nations and OSDH executive leadership.



Core Functions

- Identify issues and barriers to access to care, health insurance coverage and delivery of health services to American Indian people living in Oklahoma
- Propose recommendations and solutions to address issues raised at the tribal level
- Serve as a forum for tribal nations and OSDH to discuss issues, proposals for change or new ideas to address public health infrastructure, programs or services
- Identify priorities and provide advice on strategies for assuring collaborative governance on implementing state health care innovation transformations that will be sensitive to the needs, culture, language and sovereignty of tribal nations
- Ensure pertinent issues are brought to the attention of tribes, so significant and timely tribal feedback may be obtained
- Coordinate public health responses to assure tribal nations are at the decision-making table
- Provide direct input into the implementation of the OHIP



Collaborative Governance

- **Collaborative Governance:** A governing arrangement where one or more public agencies directly engage non-state stakeholders in a collective decision-making process that is formal consensus-oriented and deliberative and that aims to make or implement public policy or manage public programs or assets. (*Ansell, Chris and Gash, Allison, (2008), Collaborative Governance in Theory and Practice, Journal of Public Administration Research and Theory, 18(4), 543-571.*)
- TPHAC was formed using this concept.
- The tribes and the state sit together at the decision-making table during the development of programs, projects and initiatives.



Collaborative Governance

TPHAC aims to:

- Make decisions together and identify distinct roles for each partner to play during the full implementation of initiatives or programs
- Sit together at the decision-making table to jointly develop programs and initiatives. while recognizing that no one has authority over the other
- Commit to ongoing evaluation efforts regarding projects and programs implemented to measure success
- Work together on a regular basis on projects and initiatives to learn and grow with each other



TPHAC Representation – A Diversity of I/T/U

- Cherokee Nation
 - Chickasaw Nation
 - Choctaw Nation
 - Muscogee Creek Nation
 - Northeast Tribal Health System
 - Oklahoma City Indian Clinic
 - Oklahoma State Department of Health
 - Wichita and Affiliated Tribes
-
- The TPHAC is also represented on the OHIP Full Team



Projects

TPHAC has served as a vehicle for many collaborative projects and partnerships. The following highlights a few examples:

- Nomination of tribal representatives to state boards
- Inclusion of tribal representatives on state task forces and workgroups
- Public Health Accreditation
- Immunization project with the Choctaw and Chickasaw Nations
- Health Impact Assessments (Health in All Policies; Choctaw Nation)
- American Indian Data Community of Practice (AIDCoP)
- Oklahoma Systems Innovation Model (OSIM)



Projects

Examples continued:

- 1115 (a) State Medicaid Waiver (Insure Oklahoma Sponsors Choice)
- 1332 State Waiver
- Solidarity in advocacy work on our priorities, such as:
 - Preservation of IHCIA
 - Special Protections and Provisions
 - Medicaid Reform
 - Recognition of tribal sovereignty
 - Funding for CDC Office on Smoking and Health



Tribal Reception and Perspectives

- Tribes have found TPHAC to be a step toward...
 - Recognition of the special relationship
 - Full and meaningful consultation and collaboration in development of policies that might have tribal implications
 - Improving access to care
 - Designing innovative health efforts
 - Strong government-to-government relationship
 - Provide proactive opportunities
 - Success in advocacy efforts
 - A successful model of partnership that is emulated for the rest of Indian country, which enhances the tribal presence on national committees and workgroups

